

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041751

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1279

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

BUCHANAN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. JOSEPH

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

MO. METH. HOSP.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

BUCHANAN

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

ST. JOSEPH

d. STREET
ADDRESS

519 N. 7TH

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
BERRY MORRIS WILSON4. DATE
OF DEATHMonth Day Year
NOV. 11 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-12-1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

HOLT COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

DAVID M. WILSON

13b. MOTHER'S MAIDEN NAME

ALWILDA BROWNING

14. NAME OF HUSBAND OR WIFE

NAOMI K. WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 519 N. 7TH
ST. JOSEPH, MO.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

central vascular accident

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis - generalized

DUE TO (c)

20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-9-62 to 11-11-62 and last saw him alive on 11-11-62
Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

420 N. 8th St. St. Joseph, Mo.

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-14-1962

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

Mound City - Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JAMES H. CRAWFORD Mound City, Mo Nov. 14, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J.R. Forgrave, M.D. MEDICAL CERTIFICATION

NOV 20 1962

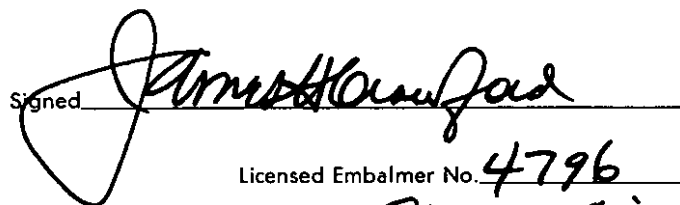
Permit issued 11/14/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.